

State of Connecticut Department of Public Safety Division of State Police

					SUMMARY	☐ AD	DITION	AL PAGES	
EREST/UNIT: CSP.	CETTE	OTH	ER INVOLVE	D AGENCY:	NO YES,				
ATE: INVESTIGATING TROOPER / OFFICER:					DPS CASE NUMBER:				
						PS04-051144			
LOCATION OF INCIDENT (STE	EET NAME AND	CITY/TO	WN ONLY):						
1/01	11201	DON	CT	4	Q.,				
SUMMARY OF INCIDENT OR	AFFIDAVIT:	101-	ADDEST MA	DE TUNDE	R INVESTIGATION			-	
HIF AND SI	aren, De F	-IRLAY	LMS TRAF	FILEING	TASK FORCE	ARRE.	57 1	fllusen.	
ALEUSED N'AS INV	owen in	BRIN	161NG 61	Uns in	Enjan Ani	7:11	n 1	10	
celling on s					, ,,,,,,,	2011			
VICTIM:(DO NOT IDENTIFY A)					VENILE" IN THE NAME P				
NAME / BUSINESS / AGENCY:	F ADDRESS: (TOWN/CITY&STATE ONLY)				JUVENILE:		INJURED:		
						AGE:	1000	□ NO	
NAME / BUSINESS / AGENCY:	□м □।	F ADDI	RESS: (TOWN/CIT	Y&STATE ONLY)		JUVEN	_	INJURED:	
,							YES .		
						AGE:		□NO	
NAME / BUSINESS / AGENCY:	□ M □	ADDI	RESS: (TOWN/CIT	Y&STATE ONLY)		JUVEN		INJURED:	
	(3)					AGE:	18653	□ NO	
ARRESTED:(DO NOT IDENTIF	Y ANY JUVENU F	BYNAME	OR ADDRESS. II	JUVENILE, WRITE	"JUVENILE" IN THE NAM			V DOB FIFT D	
NAME:	M-K		DOB:	ADDRESS:	and an arranged	- I salah (E		Don't state of	
PATRICK ETA	A		1/6/87	18 C	LIFF STREET	T. N	el	word	
CHARGES:		COURT:		BOND:			INJURE	D:	
CHARGES: 46) SIX COLVUTS OF 2. ILLEGAL TRANS		GA:	10	☐ CASH	Y SURETY	100000	☐ YES AMBUL	NO	
Z TANK	E1- OF		10 1.0		100,000			□ NO	
	1	TOWN:	New Wife	TO BE PRES	ENTED AT COURT DEPT OF CORRECTION		HOSPIT	AL:	
- FIA		DATE.	1/25/05	TRANS TO D	EPT OF CORRECTION	is @:			
NAMÉ:		DATE:	DOB:	ADDRESS:			_		
NAME		ш.	DOD.	ADDRESS					
CHARGES:		COURT:		BOND:			INJURE	D:	
1.		GA:		CASH	□ SURETY		☐ YES	□ NO	
2.				NON-SURET	Y WPTA		AMBUL	ANCE:	
3.		TOWN:		AMOUNT S:	ENTED AT COURT		HOSPIT		
4.					DEPT OF CORRECTION	IS @:			
-		DATE:							
NAME:	□м	□F	DOB:	ADDRESS:					
CHARGES:		COURT:		BOND:			INJURE	D:	
1.		GA:		CASH	SURETY			□ NO	
2.				NON-SURET	Y WPTA		AMBUL VES	ANCE:	
3.		TOWN:		AMOUNT S:	ENTED AT COURT		HOSPIT		
4.					DEPT OF CORRECTION	NS @:			
		DATE:							
NAME:	□м	□ F	DÓB:	ADDRESS:	1				
CHARGES:		COURT:	-	BOND:			INJURE	D;	
1.		GA:		CASH	SURETY			□ NO	
2.	[NON-SURET	Y WPTA		AMBUL YES	ANCE:	
3.		TOWN:		AMOUNT S:	ENTED AT COURT		HOSPIT		
4.			~		EPTOCCORRECTION	is @:			
		DATE:	$-$ 0\		1/2)				
PERVISOR'S APPROVAL	REQUIRED:	INITIA	LS: [W]	ID#:	D.	ATE: -	25-6)	
THIS INFORMAT	TION ON MAJOR (CRIMES OF	ARRESTS, CONTA	CT THE CONNECT	CUT STATE POLICE PUBL	IC INFOR	MATION	OFFICE.	
				AX: 860-685-830				0.7	